



YUKON HOUSING CORPORATION
**APPLICATION FOR CANADA-YUKON
HOUSING BENEFIT PROGRAM**

Checklist

To ensure your application package is complete, include the following:

- Application form completed and signed
- One piece of government issued photo identification for all persons 19 years old and over
 - One government issued identification for all persons 18 years old and under
- Current Proof of Income Statement (Option C print out) from Canada Revenue Agency (CRA) for every adult (over 19 years old) in your household. This can be obtained by either logging into your CRA MyAccount or calling the CRA Northern Residents Line at 1-866-426-1527. (Note: you must be calling from a phone number with an 867 area code. If you do not have an 867 area code, you can reach the CRA at 1-800-959-8281.)
- Current residential lease agreement

Program applicant eligibility

- Must be a Canadian citizen or permanent resident of Canada, or have permanent resident/refugee status;
- Must be a resident of the Yukon for 3 months;
- Household income (ie. combined income of all adults 19 and older who are living in the home) must be below affordable housing income levels for size of unit, see income levels on the YHC website: <https://yukon.ca/en/housing-and-property/social-housing-tenant-supports/find-household-income-limit-thresholds>.
- Must have less than \$100,000 in assets and not own a home;
- Must not be receiving other housing benefits (shelter allowance) or living in subsidized/community housing;
- Must have income from a qualifying source such as: employment; Employment Insurance; short-term Workers Compensation; short-term disability; alimony payments; Training Allowance; Old Age Security; Guaranteed Income Supplement; or pension income; and
- Must file an annual Canadian Income Tax Return.

IMPORTANT

Be advised that we are unable to process incomplete application packages. If your application package is incomplete it may be mailed back to you.

Note: outstanding arrears with YHC must be addressed before you receive the Housing Benefit.

Submit your form:

- In person: Drop off at local Yukon Housing Corporation office
- By email: housingbenefit@yukon.ca
- By fax: 867-667-3664
- By mail: Yukon Housing Corporation Box 2703 (Y-1), Whitehorse, YT, Y1A 2C6

Questions or more information:

- In Whitehorse: contact 867-667-5712
- Outside Whitehorse: contact the Yukon Housing Office in your community



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Personal information – Print or check appropriate answers

Applicant

Family name		Given name		Middle name
S.I.N. #		Date of birth YYYY/MM/DD		Gender
<small>This information is being collected under the authority of the (Federal) <i>Income Tax Act</i></small>				
Mailing address (street/box #)		Town/city	Territory	Postal code
Physical address <input type="checkbox"/> Same as mailing address				
Phone #	Alternate phone #	Email address		

Additional household member 19 or older

Family name		Given name		Middle name
Relationship to applicant		Date of birth YYYY/MM/DD		Gender
Mailing address <input type="checkbox"/> Same as applicant		Town/city	Territory	Postal code
Physical address <input type="checkbox"/> Same as applicant				
Contact phone #	Alternate phone #	Email address		

Additional household member 19 or older

Family name		Given name		Middle name
Relationship to applicant		Date of birth YYYY/MM/DD		Gender
Mailing address <input type="checkbox"/> Same as applicant		Town/city	Territory	Postal code
Physical address <input type="checkbox"/> Same as applicant				
Contact phone #	Alternate phone #	Email address		

Household members – Provide the following information for each household member 18 years and under who lives with you

Full name (family name, given name)	Date of birth	Gender	Relationship to applicant (i.e. child, grandchild, other family member)
	YYYY/MM/DD		
	YYYY/MM/DD		
	YYYY/MM/DD		
	YYYY/MM/DD		
	YYYY/MM/DD		

Applicants may be required to provide documentation of custody/guardianship arrangements that are relevant to housing requirements.

Household information

Do you expect the number of people living with you to change in the next 12 months? (e.g. pregnancy, family changes, etc.)

Yes No

If yes, provide explanation _____

Other:

Declaration of assets

Do you OWN a home or property shared or otherwise (e.g. personal home, vacation home, cabin, trailer, rental property, vacant lot)? Yes No
If yes, identify location:

Street number	Street name	Apt. no.	Town/municipality	Prov/Terr	Country

Value of property	Mortgage outstanding

Do you OWN additional homes or properties shared or otherwise? Yes No

If yes, identify location for each (if more than one, add additional sheet):

Provide dollar values (e.g. \$1, \$2, \$3) or not applicable (N/A)	Applicant	Additional household member 19 years and older	Additional household member 19 years and older
Total cash balance available	\$	\$	\$
Investments	\$	\$	\$
Rental revenue	\$	\$	\$
Business assets	\$	\$	\$
RRSPs or RRIFs	\$	\$	\$
Vehicles (if own more than 1)	\$	\$	\$
Recreational vehicles (incl. motor homes, ATVs, boats, aircraft, snowmobile, etc.)	\$	\$	\$
Other (specify)	\$	\$	\$

Declaration of assets (continued) – Important: read the following carefully, and sign below.

I/We have reported all assets currently owned by every member of the household.

I/We understand that if it is found that information is missing, incorrect or otherwise inaccurate my/our Canada-Yukon Housing Benefit application may be denied or I may be ordered to repay benefits.

I/We understand if it is found that any assets were not disclosed prior to approval it may result in loss of the Canada-Yukon Housing Benefit.

I/We understand that making a false declaration of income or assets is a serious offence that may result in a debt owing to the Government of Yukon.

_____	YYYY/MM/DD
Applicant signature	Date
_____	_____
Additional household member 19 years and older	Additional household member 19 years and older

Agreement

I/we agree that Yukon Housing Corporation has the right at any time to withdraw, revoke or cancel, without penalty or liability for damages or otherwise, any acceptance or approval of this application previously made or given.

I/we agree that this application does not constitute an agreement on the part of Yukon Housing Corporation, or its agent, to provide me/us with assistance.

I/we are a Canadian citizen or a have permanent resident or refugee status.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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I (and any additional household members) am/are a Yukon resident, meaning that I/we have made Yukon my/our permanent and principle home for at least 3 months prior to signing this declaration. I/we declare that I/we am/are a Yukon resident as part of my/our application for the Canada-Yukon Housing Benefit Program.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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I/we confirm that I/we are not receiving any other housing benefit (this includes income support's shelter allowance) or living in subsidized/community housing, and can provide documentation to verify this if required.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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I/we hereby authorize Yukon Housing Corporation, or its agent, to make any or respond to any inquiries necessary to verify the facts contained in this application, or attached documents.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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I/we hereby give permission to Yukon Housing Corporation, or its agents, to carry out or respond to any necessary inquiries and to obtain additional information on my/our income, assets, liabilities, and credit. If any of the information provided is shown to be fraudulent or untrue, I/we understand that I/we may be ordered to repay benefits and my/our file may be referred to the RCMP.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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I/we hereby authorize Yukon Housing Corporation or its agents to conduct inspection(s), after providing 24 hours of notice, of my/our rental unit.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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I/we understand that the information in this application may be used for statistical purposes.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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I/we have completed this application truthfully.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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_____	YYYY/MM/DD
Applicant signature	Date
_____	_____
Additional household member 19 years and older	Additional household member 19 years and older